CONTRIBUTION TO THE SURGERY OF CLEFT PALATE.

A URANOSTAPHYLORRHAPHY SUITABLE FOR CERTAIN CONDITIONS.[1]

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THE operation about to be described is not intended to take the place of all others, nor to supersede the one produced by the author two years ago, viz., "A New Uranostaphylorrhaphy" (*The Journal of the American Medical Association*, May 16, 1900).

It will be found suitable for cases where the roof of the mouth is like a Gothic arch,—the palate segments extending upward into the cleft in a more or less oblique manner, and where the cleft extends into one nostril. Two mucoperiosteal flaps are liberated,—the one from the inner segment turned downward into the mouth, and that from the outer segment passed into the nostril; when these coapt raw surface to raw surface they overlap, and are held there by a few stitches. It has been done by the author only four times. The results have been very good.

The preparation of the patient is both general and local.

The constitutional condition is important. It is well not to operate on a patient suffering from malnutrition, anæmia, bronchitis, etc., until these conditions are rectified. The local

[1] Read before the Chicago Surgical Society, April 7, 1902.

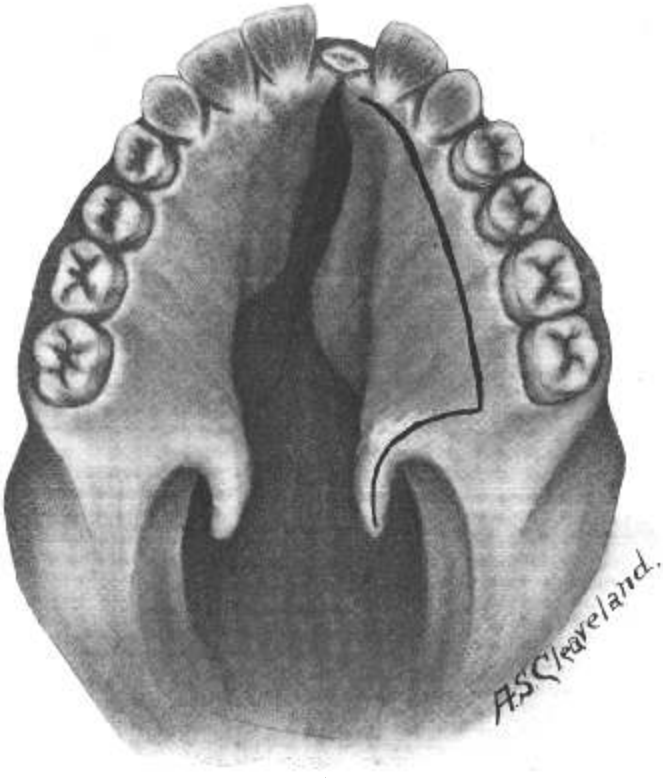

FIG. 1.—Showing incision for the correction of cleft palate.

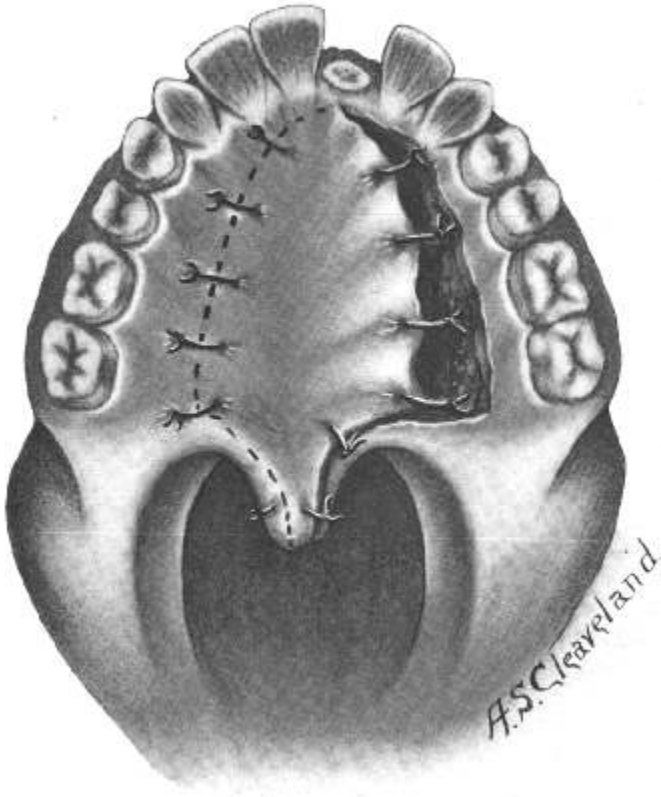

FIG. 2.—Coaptated raw surface to raw surface by means of two rows of stitches.

preparation is directed to counteract nasal catarrh, the removal of adenoids, and diseased tonsils.

Just before the patient is put asleep, a dose of atropine, suitable to the age, is given hypodermically to check the salivary and mucous secretions while operating.

Operation.—Administer chloroform by the spray method; place the patient in the Rose position; sit at the head of the patient; open the mouth with a gag; cleanse the face and mouth with a lotion of equal parts of alcohol and water, and cocainize the soft palate, pharynx, and larynx.

Raise a mucoperiosteal flap from the nasal septum and inner segment of the hard palate and drag it into the mouth with Brophy's hoe-shaped periosteal elevator. The instrument just mentioned is quite sharp and easily cuts through the mucous membrane and periosteum.

The formation of this flap is commenced as high in the nose as possible, and it (Fig. 1, *a*) is liberated from above downward till it is hinged by its attachment to the hard palate along the teeth. Now extend the incision in the under surface of this segment of the soft palate and uvula so as to make the completed dissection form one large flap from the hard and soft palate. The second flap is now formed from the outer segment by making an incision along the teeth (Fig. 1, *b*) down to the bone, and with a periosteal elevator detach a mucoperiosteal flap till it is hinged by the mucous membrane along the inner border of the bone segment. The soft palate and uvula segment on this side is now split along the anterior surface. The mucous membrane on the first flap faces downward while that of the second flap is on the nasal aspect, and when coaptated raw surface to raw surface they are held there by two rows of stitches (as represented in Fig. 2).

CASE PRESENTED.—I operated on the palate of this sixteen-year-old girl three weeks ago to-day after the method described. The harelip was repaired when a child. The segments of the hard palate extended upward into the left nostril. The cleft was half an inch wide in the centre, became narrower towards the incisor

teeth, and broadened as it extended towards the soft palate. The result is excellent, even to the formation of a uvula.

The roof of the mouth now is like a Norman arch, very firm and strong. The speech has already improved, and, in order to do away with the nasal twang, I have advised her to learn either French or German and forget her English altogether. It is claimed that these persons speak the languages acquired perfectly, and when they relearn the English language that the nasal intonation is not present.

Dr. A. J. Ochsner was the first I heard to recommend this some four years ago. Since then I have advised it in several cases with most promising results.